

**Testimony by Nancy Navarretta, MA, LPC
Deputy Commissioner
Department of Mental Health and Addiction Services
Before the Public Health Committee**

Good Morning Senator Gerratana, Representative Ritter, and distinguished members of the Public Health Committee. I am Deputy Commissioner Nancy Navarretta of the Department of Mental Health and Addiction Services (DMHAS), and I am here today to respectfully request your support of the Governor's proposal, House Bill 5053, An Act Increasing Access to Overdose Reversal Drugs. Naloxone, also known as Narcan, is an opioid antagonist that safely reverses opioid overdoses.

The proposed bill makes two essential enhancements to bills previously raised by the Governor and passed by the legislature. First, it requires municipalities to update their existing emergency medical services plans to ensure that the primary emergency response provider on the scene of an emergency call is equipped with and prepared to administer naloxone and has been properly trained to do so. Second, it prohibits commercial health carriers from requiring prior authorization for coverage of naloxone. Although no commercial health plans currently require prior authorization, the imposition of such a requirement could pose a significant barrier to individuals requesting the drug.

Under the current law, it has come to our attention that licensed health care professionals are afforded liability protection to administer naloxone ONLY if they have prescribing authority for opioids. DMHAS wants to ensure that ALL licensed health care professionals, regardless of their prescribing privileges, are provided the same protections when administering naloxone. Consequently, DMHAS respectfully requests that the attached language changes be added to the bill so that other licensed health care professionals, such as registered nurses, will not perceive any barriers to administering Narcan.

At least once a day, someone in Connecticut overdoses on heroin. It seems that one cannot read a newspaper or listen to a news outlet without hearing the heartbreaking account of a life lost too early due to this public health crisis. Since 2011, Governor Malloy has made significant strides to ensure that Narcan is readily available in our communities. With his support, Connecticut law currently allows a licensed health care professional to prescribe, dispense, or administer an naloxone to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution nor in violation of their professional standards of care. A reversal of an overdose with Narcan presents an opportunity for that individual to engage in treatment and start on the road to recovery. This bill will enhance the availability of Narcan which will save more lives.

Thank you for your time and attention to this matter. Favorable action on this bill will increase the likelihood of reduced overdoses for those struggling with addiction in our state. I would be happy to answer any questions you may have regarding this proposal.

Section 1. Section 17a-714a of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For purposes of this section, "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose.

(b) A licensed health care professional who is permitted by law to prescribe an opioid antagonist may prescribe[,] or dispense [or administer] an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing[,] or dispensing [or administering] such opioid antagonist or for any subsequent use of such opioid antagonist. A licensed health care professional who prescribes[,] or dispenses [or administers] an opioid antagonist in accordance with the provisions of this subsection shall be deemed not to have violated the standard of care for such licensed health care professional.

(c) A licensed health care professional may administer an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for administering such opioid antagonist. A licensed health care professional who administers an opioid antagonist in accordance with the provisions of this subsection shall be deemed not to have violated the standard of care for such licensed health care professional.

[(c)] (d) Any person, who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.

(e) Not later than January 1, 2017, each municipality shall amend its local emergency medical services plan, as described in section 19a-181b, to ensure that the municipality's primary emergency medical services provider is equipped with an opioid antagonist and its personnel has received training, approved by the Commissioner of Public Health, in the administration of opioid antagonists.